PETITION FOR EXTENSION OF TIME UNDER 37 OFR 1.136(a)

Docket Number. (Optional)

| FEITIONTONE | CILITOION OF TIME OF | | 220002057124 | |
|---|---|--|--|-------------|
| | In re Application of H. Kirk HAMMOND | | | PT0 7936 |
| | Application Number 09/609,080 | | Filed June 30, 2000 | |
| | For TECHNIQUES AND | COMPOSITIONS FOR TR R DISEASE BY IN VIVO GI | EATING | 1033 |
| | Group Art Unit | | Examiner TO BE ASSIGNED | |
| This is a request under the | ne provisions of 37 CFR 1.13 | 6(a) to extend the period for fili | ng a reply in the above identified application | on. |
| The requested extension | and appropriate non-small-e | entity fee are as follows (check | time period desired): | |
| One montl | h (37 CFR 1.17(a)(1)) | | \$ | |
| Two months (37 CFR 1.17(a)(2)) | | | \$ | |
| Three months (37 CFR 1.17(a)(3)) | | | \$ | |
| Four months (37 CFR 1.17(a)(4)) | | | \$ | |
| Five months (37 CFR 1.17(a)(5)) | | | \$1890.00 | |
| Payment by cre The Commission The Commission Deposit Account (PTO/SB/17) is | oner is hereby authorized nt Number 03-1952. Hhav s attached to this submissi plicant/inventor | is attached. Thorized to charge fees in the to charge any fees which make enclosed a duplicate cop- tion in duplicate. | is application to a Deposit Account. ay be required, or credit any overpayr y of this sheet. Fee Transmittal form | ment, to |
| ass | signee of record of the enti Statement under 37 CFR 3 | ire interest . See 37 CFR 3. 3.73(b) is enclosed. (Form F | .71. PTO/SB/96). | |
| | orney or agent of record. | | | |
| ☐ atte | orney or agent under 37 C Registration number if acting | CFR 1.34(a). under 37 CFR 1.34(a) | | |
| WARN be in | ING: Information on this | s form may become public ovide credit card informa | c. Credit card information should nation and authorization on PTO-2038 | ot |
| May 3, | 2001 | | ladep / Koneg | |
| — V Date | | / | Gladys H. Monroy Typed or printed name | |
| NOTE: Signatures of a forms if more the | all the inventors or assignees of re than one signature is required, se | ecord of the entire interest or their in the entire in the entire interest or their in the entire in the entire interest or the entire in | representative(s) are required. Submit multiple | |
| | | | | |
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forms are submitted.

☐ Total of